



2002/2003 Used Oil Recycling Block Grant Application

Application Due Date: **Postmarked on or before March 28, 2002**

Electronic copies of the application can be found at the CIWMB's website: www.ciwmb.ca.gov/usedoil/grants/block/

Applicant: (If a regional program, list lead agency first and add/cross out jurisdictions that are no longer participating)

Maximum Total Grant Amount \$

Address:

New Address: (If changed)

Primary Contact:

New Primary Contact: (If changed)

Printed Name of Primary Contact

Printed Name of Primary Contact

Title:

Title:

Phone:

Phone:

E-Mail address:

E-Mail address:

Fax:

Fax:

Signature Authority:

New Signature Authority: (If changed)

Printed Name of Signature Authority

Printed Name of Signature Authority

Title:

Title:

Phone:

Phone:

E-Mail address:

E-Mail address:

Fax:

Fax:

Consultant: (If applicable)

New Consultant: (If applicable and/or changed)

Contact Name:

Contact Name:

Phone:

Phone:

E-Mail address:

E-Mail address:

Fax:

Fax:

Co-Operative Project: (If applicable)

Percentage (%) or Flat Amount to Lead Agency: _____

Lead Agency: _____

Project: _____

Grant Spending Projections

Please identify the activities you plan to implement with your fiscal year 2002/2003 Used Oil Recycling Block Grant funds. The amounts you indicated are only estimates you will not be held to these amounts. The grand total must match the total grant amount listed on the front page.

Permanent Collection Facility**Subtotal** \$ _____

Non-Certified collection Centers	\$ _____	Small Quantity Generators	\$ _____
Certified Collection Centers	\$ _____	Agricultural Collection	\$ _____
Filter Collection	\$ _____	Airport Project	\$ _____
Hauling/Recycling	\$ _____	Marina Project	\$ _____
HHW Permanent Facility	\$ _____	Other _____	\$ _____

Temporary or Mobile Collection**Subtotal** \$ _____

Hauling/Recycling	\$ _____	Small Quantity Generators	\$ _____
Temporary Events	\$ _____	Agricultural Collection	\$ _____
Filter Collection	\$ _____	Other _____	\$ _____

Residential Collection**Subtotal** \$ _____

Hauling/Recycling	\$ _____	Curbside Collection	\$ _____
Curbside Collection	\$ _____	Other _____	\$ _____
Door-to-door Collection	\$ _____		

Publicity and Education**Subtotal** \$ _____

Public Education	\$ _____	Video	\$ _____
School Education	\$ _____	Television	\$ _____
Containers	\$ _____	Newspaper	\$ _____
Radio	\$ _____	Direct Mail	\$ _____
Special Events	\$ _____	Utility Insert	\$ _____
Transit Ads	\$ _____	Newsletter	\$ _____
Brochure	\$ _____	Other _____	\$ _____

Stormwater Mitigation Program**Subtotal** \$ _____

Stormwater Mitigation	\$ _____	Other _____	\$ _____
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Load Checking**Subtotal** \$ _____

Load Checking	\$ _____	Other _____	\$ _____
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Personnel/Other**Subtotal** \$ _____

Personnel	\$ _____	Other _____	\$ _____
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Co-Operative Project**Subtotal** \$ _____**Grand Total** \$ _____**Certification**

I declare, under penalty of perjury, that all information submitted for the CIWMB's consideration for allocation of grant funds is true and accurate to the best of my acknowledge and belief.

Signature of Person Authorized by Resolution

Title

Date